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Substitute for form 1449A/PTO					
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				<i>Complete if Known</i>	
				Application Number	10/582,240
				Filing Date	August 4, 2008
				First Named Inventor	Gunther Van Der Borght
				Art Unit	3762
				Examiner Name	Scott M. Getzow
Sheet	1	of	1	Attorney Docket No: 62367-393386	

US PATENT DOCUMENTS					
Examiner Initial *	Cite No	Document Number	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		2004/0052388 A1	2004-03-18	Niederdrank	
		5,204,917	1993-04-20	Arndt et al.	

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Examiner Initials*	Cite No	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
		WO 2005/062668 A1	2005-07-07	Cochlear Limited		
		DE 10228828	2003-10-16	Siemens Audiologische Technik		
		DE 3723809 A1	1989-01-26	Bosch Gmbh Robert		

OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		Austrian Patent Application No. A9441/2004, English Translation of Office Action dated May 6, 2009, 2 Pages.	
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		International Application No. PCT/AU2004/001803, International Preliminary Report On Patentability mailed on June 26, 2006, 4 Pages.	
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		International Application No. PCT/AU2004/001803, International Search Report mailed on March 30, 2005, 2 Pages.	

EXAMINER**DATE CONSIDERED**

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional) 2 Applicant is to place a check mark here if English language Translation is attached